

MN Med. Recs. - South Co. Crisis Clinic
U.S. v. Marvin Nelson

CRISIS PROGRAM
Alameda County Mental Health
CRISIS Evaluation

<input type="checkbox"/> 31166	<input checked="" type="checkbox"/> 01AY1	<input type="checkbox"/> 31163	<input type="checkbox"/> 3162A6
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CLIENT NAME: MARVIN NELSON

DOB: 12/17/59

Staff Name: YVONNE LOPEZ

Was a 2nd staff needed for safety reasons? Yes ☐ No ☒

If yes, Co-Staff Name: _____

DATE	TIME
Input B	
CLIENT NUMBER	
Staff	
Co-Staff	

Start Time: _____ End Time: _____ Face to Face (Hr/Min) _____

PROCEDURE CODE: 90801-433 Eval 371 Crisis Int 690 Non-B Total: (Hr/Min) _____

LEGAL STATUS: _____ LOCATION: _____ 1 = Office, 2 = Field, 3 = Phone

REFERRED FROM: _____ RU# _____

NOTES:

1. IDENTIFYING INFORMATION (Describe client and state what is the problem today):

44 y/o White male went to Sausal Creek 11/4/05 % Depression. He was sent to Villa Short Stay 11/5/05. He left AMA on 11/13/05 after "assault" by other. He and feeling "threatened" by another staff. He was given Wellbutrin, Trazadone, Ambien & Advair while in Villa. He only D/C with 3 days of Wellbutrin.

COMMUNITY FUNCTION/ Individual exhibits a substantial impairment in the following area(s):

- ☐ Community living arrangement
- ☒ Daily activities, including employment, household responsibilities, and attending scheduled programs
- ☐ Social relationships, including the ability to establish and maintain relationship and social support systems
- ☐ Health, including the ability to maintain physical and mental health and manage own medications

He fired from job after 9 yrs of Tech Training manager. He states harassed by other employees and threatened an employee, but does not recall incident.

He married 4 yrs, has 27 y/o daughter - He ran away at 12 after father's death and lived in Europe 12-16 yrs. Mother died when he was 29 y/o - He living off of savings and did not finish H.S. same college closed

3. SYMPTOMS:

- ☒ Repeated presence of psychotic symptoms
- ☒ Suicidal ideation or acts
- ☒ Violent ideation or acts to persons or property

He denies SE, but states experiencing many dreams about SE, but would not act on any SE thought because "I don't want to go to hell."
He states "Severe Depression" for past 3 yrs. Losing job has made things worse. "Crying machine" is how he described SE.

SC000002

4. BRIEF STATEMENT OF MENTAL STATUS AND PSYCHIATRIC HISTORY INCLUDING DRUG AND ALCOHOL ABUSE:

It is casually dressed, age appropriate - appears stated age, facial expressions - depressed / sad - tearful during intake, cooperative. Psychomotor activity - Normal, Mood - depressed / despairing, Affect - Mood congruent. Speech - a bit dramatic. Denies AH, VH, Thinking - a bit of hopelessness. It is able to process logically, Alert. It attended X3. It states using the X2 daily since 6/05 "self-medicate." No THe since 11/4/05. It stated testing @ positive at Saesal Check for METH. It believes someone put it in his coffee at a party last weekend (10/29/05). It states Head Injury 70 yrs ago.

5. CURRENT MEDICATIONS: Wellbutrin (can out today) SR 150 mg.

6. DIAGNOSIS: Axis I Depression Maj P/O Major Depressive D/O
 Axis II Refered (Some Personality P/O traits)
 Axis III _____
 Axis IV Occupational problems

7. DIAGNOSTIC CODES:

Axis I ☒ ☐ ☐ ☐ ☐ ☐ Axis II ☒ ☒ ☒ ☒ ☐ ☐ Axis III ☐ ☐ ☐ ☐ ☐ ☐ Axis IV ☒
 Current ☒ ☐
 Axis V
 Past Yr. ☒ ☐
 Enter one "P" for Principal Diagnosis and one "S" for Secondary Diagnosis
 Additional Diagnosis: Axis I ☐ ☐ ☐ ☐ ☐ ☐ Axis II ☐ ☐ ☐ ☐ ☐ ☐ Axis III ☐ ☐ ☐ ☐ ☐ ☐

8. TREATMENT INTERVENTIONS, CLIENT RESPONSE, SUBSEQUENT PLANS:

- ① It to see Dr. Hagen 11/17/05 @ 3:00pm
- ② Brief TX
- ③ Referral to PCP or JMA depending on MD evaluation
- ④ Referral to SECOND CHANCE.

If this is one time only, check here: ☐

And Circle the Reason for Discharge Below:

- | | | |
|---|---|--|
| <input type="checkbox"/> 01 Goals Reached | <input type="checkbox"/> 02 Goals Partially Reached | <input type="checkbox"/> 03 Goals Not Reached |
| <input type="checkbox"/> 04 Client Withdrew: Tx Partially Completed | <input type="checkbox"/> 05 Client Withdrew: No Improvement | |
| <input type="checkbox"/> 06 Client Died | <input type="checkbox"/> 07 Client Moved | <input type="checkbox"/> 08 Client Discharge/Program Unilateral Decision |
| <input type="checkbox"/> 09 Client incarcerated | <input type="checkbox"/> 10 Admin. Discharge | <input type="checkbox"/> 11 Others |

Referred to _____

RU# _____

9. SIGNATURE [Signature], RJW
 If interviewer is unlicensed.
 CO-SIGNATURE _____

DATE 11/16/05

DATE _____

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: Miriam Nelson
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: 75128642

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amt. of Time	Loc.	Svc. Type	Prob. No.	Notes
					<p>State's continued</p> <p>It was hit in the head with a baseball bat and suffers from migraines and "brain trauma displacement" which occur as "brain seizures." It also stated that he has been told of incidents in which he does not recall the incident happening. It states past TX for depression through MD w/ in services while employed. Past Rx include Depakote, Effexor, Paxil, Prozac, Lexapro, ^{Lyrica} Clonazepam and Ambien. It states only sleeping 2-3 hrs a night, but not sleeping at all the last few days. It states little to no appetite and that wife forcing it to eat vegetables & fruit. It became fearful when remembering how crazy some of the staff at Villa was to it. It said that he left Villa before he got better, but it "feared" night staff and stated that they go night staff threatened it. It left AMA on 11/13/05. It tends to lean towards blaming others and not taking own responsibility for action and outcomes. Since Hx questionable and exhibiting some personality & ID traits. <u>Groom [Signature]</u>, MHA</p>

Date: _____ Stability Rating []

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6:
 Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
311	Collateral	341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services
321	Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

For AB3632 services the ending digit for each code is a (2) except for No Show

Date	Amc. of Time	Loc.	Srv. Type	Prob. No.	
11/17/05	3:41				Client in clinic for medication evaluation with Dr Hogue. The client was fearful and agitated and reported suicidal ideation with a plan to jump in front of a BART train.
1:30					The client left Villa short stay AMA on 11/15/05 but was now suggesting that he wanted to go back to Villa for his safety.
					This worker and Dr Hogue agreed that Villa would be an appropriate tx facility for the client given his current presentation. Yvonne Lopez was out of the facility at a meeting so this worker was asked to assist on the case.
					This worker contacted Mae Kawamoto at Villa and presented the case to her. She suggested a Villa referral form be filled out and faxed to them and that she and Jessie Tamplen would review the case and get back to us.
					The form was partially filled out when the client suggested to this worker that if he could be prescribed his medications by Dr Hogue, he would probably be OK, and said that he thought that going home to his wife was a safe and better alternative than going back to Villa at that time.
					The client reported that he had run out of medications a few days ago and that just the thought of being without meds made him quite anxious. Thus, with a prescription from Dr Hogue, the client's anxiety reduced and he was less anxious and desperate.
					In addition, the client voiced some ambivalence about returning to Villa due to his concerns about a teen-in he had with the night staff which lead to his leaving Villa AMA.
					In the end, the client stated that he was not suicidal and would not attempt to jump in front of a BART train. He also said that if his condition changed and he needed help, he knew to contact Social Creek, Jap, or Yvonne Lopez.

Date:

Stability Rating []

SC000005

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: Marvin Nelson
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: _____

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amt. of Time	Loc.	Svc. Type	Prob. No.
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Continued

Dr Hogue prescribed the client Wellbutrin, which was the med the client was prescribed at Villa, and he also added a low dose of Zyprexa for what appeared to be some paranoid ideation and noticeable agitation.

This worker spoke to Jessie Tompler from Villa after the client left our office. Jessie stated that he was still investigating what happened between the client and his staff that lead to the client's premature discharge. He added that should the client again present in a crisis, Jessie would be happy to re-admit the client for tx.

Chris Cohen LCSW

11/15/05	1	34		
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This worker reviewed Mr. Nelson's notes to update a client's status. It seems by Mr. Nelson on 11/15/05 and according to Mr. Nelson's notes, patient's symptoms better. Client denied any medication continued and Zyprexa increased. Client to return to see MD week of 12/1/05. This worker will meet with client at that time. Chris Cohen LCSW

Date: _____ Stability Rating []

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6:
 Service Type:

300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
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Date	Am. of Time	Loc.	Svc. Type	Prob. No.	
12/13/05	3		590		<p>ct phoned stating he needed to reschedule MD appt. ct was scheduled to see Dr. Hagan 12/13/05 but ct states he has a court appt. ct was rescheduled for 12/15/05 @ 4PM - <u>James J. New</u></p> <p>Treatment plan done today in order for ct to continue TX in Clinic. <u>James J. New</u></p>
12/15/05	1		581		

Stability Rating []

SC000007

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: MARION NELSON
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: 75128642

DSM-IV Multiaxial Diagnostic Evaluation
Initial Assessment Summary/Treatment Plan

Diagnosis

(Please complete all five Axes)

Axis I: Clinical Disorders

Other Conditions that may be a Focus of Clinical Attention

Diagnostic Code	DSM IV Name	
<u>34</u>	<u>Depression MOD</u>	(Principal)
	<u>P10 major Depression D10</u>	

Axis II: Personality Disorders

Mental Retardation

Diagnostic Code	DSM IV Name
<u>799.9</u>	<u>Retarded (High range Traits)</u>

Axis III: General Medical Conditions

Axis IV: Psychological and Environmental Problems (Circle all that apply)

- | | |
|---|--|
| A. Problems with primary support group Specify: _____ | Principal (Check one) <input type="checkbox"/> |
| B. Problems related to the social environment Specify: _____ | <input type="checkbox"/> |
| C. Educational problems Specify: _____ | <input type="checkbox"/> |
| D. Occupational problems Specify: _____ | <input checked="" type="checkbox"/> |
| E. Housing problems Specify: _____ | <input type="checkbox"/> |
| F. Economic problems Specify: _____ | <input type="checkbox"/> |
| G. Problems with access to health care services Specify: _____ | <input type="checkbox"/> |
| H. Problems related to interaction with legal system/crime Specify: _____ | <input type="checkbox"/> |
| I. Other psychological and environmental problems Specify: _____ | <input type="checkbox"/> |
| J. Unknown/Unavailable | <input type="checkbox"/> |

AXIS V: Global Assessment of Functioning Scale

Current Score: 62
 Highest Past Year Score 62

Diagnosis established by: YVONNE LOPEZ, PMHNP, CRNP
 Name/Title/Agency

Date: 11/16/05

2. Signs and Symptoms That Support DSM IV Diagnosis:

44 y/o white male went to Santa Cruz 11/4/05 % depression. It was sent to Villa Santa Cruz 11/5/05. It left Villa Santa Cruz on 11/13/05 after stating he was "assaulted" by another of his family "threatened" by night staff. It left from job at 9 y/o in 2005 as a Tech/Training manager. It stated harassed by other employees and threatened by an employee, but does not recall incident. It married 4 y/o, has 32 y/o daughter. It ran away at 12 after father's death and lived in Europe from 12-16. Mother died when it was 29 y/o. High school dropout. Living off savings. It denied SA, but stated many dreams about SA but would not act on any SA thoughts. % severe depression for past 3 y/o. Long job has made things worse "every machine" to how it described SA. It is a bit dramatic during intake, fearful. It uses Vicodin daily since 6/05, none since 11/4/05. (+) positive for MET at Santa Cruz, believes it was put in drink.

3. Estimated Duration of Treatment: Heard injury 20 y/o ago

60 days

4. Prognosis: Excellent () Good () Fair (X) Poor ()

5. Medication Regimen: ☐ No Prescribed Medication ☒ See Medication Records☐ Prescribed by Outside Medical Doctor (If box checked list medications with dosages and physician's name/telephone number)6. Tentative Discharge Plan: Stabilize it on appropriate PR regimen and referral to EMA or PUP dependent on PR regimen.

7. Professional Disciplines Responsible and Specific Treatment Interventions/Services/Frequency:

Yvonne Lopez (M.D.); Brief TX, collateral, Brokerage Services
Dr. S. Hefner, MD; medication stabilization.

8. Long Term Goals: Stabilize it on PR, reduce SX and improve level of functioning.9. Short Term Goals: Stabilize it on PR regimen, reduce SX.

Alameda County Department of Behavioral Health Care Services -Mental Health Division	Client Name: <u>Martin Nelson</u> Birthdate: _____ Admit Date: _____ Chart No.: _____ Reporting Unit: _____ PSP Client ID No.: <u>75128642</u>
Treatment Plan	
Treatment Plan Instructions: Define problems, symptoms and functional impairments in measurable terms. Objectives must be <u>measurable with timeframes</u> . (Please address the following areas of need that apply: Health, Living Arrangements, Daily Activities, Social Relationships, and Symptom Management)	
Area of Need: <u>Symptom management</u>	
Problem No.: <u>1</u> Statement: <u>% depression for past 3 yrs, worse since losing job & increased.</u>	
Objective(s):	Date Objective Achieved:
<u>at end MD working to stabilize at an appropriate Rx regimen</u>	
Area of Need: <u>Symptom management</u>	
Problem No.: <u>2</u> Statement: <u>at to be linked up w/PCU care in the county.</u>	
Objective(s):	Date Objective Achieved:
<u>once stable & stable, it will be referred to EMA w/ PCP depending on Rx.</u>	
Area of Need: _____	
Problem No.: _____ Statement: _____	
Objective(s):	Date Objective Achieved:
Area of Need: _____	
Problem No.: _____ Statement: _____	
Objective(s):	Date Objective Achieved:

Treatment Plan Instructions: Define problems, symptoms and functional impairments in measurable terms. Objectives must be measurable with timeframes. (Please address the following areas of need that apply: Health, Living Arrangements, Daily Activities, Social Relationships, and Symptom Management)

Area of Need:

Problem No.: ____ Statement:

Objective(s):

Date Objective Achieved:

Area of Need:

Problem No.: ____ Statement:

Objective(s):

Date Objective Achieved:

Area of Need:

Problem No.: ____ Statement:

Objective(s):

Date Objective Achieved:

Area of Need:

Problem No.: ____ Statement:

Objective(s):

Date Objective Achieved:

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: Maria Melfan
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: 05128642

Treatment Plan

Client Signature (optional) _____ Date: _____

Clinician Signature [Signature] ☐ LPHA/Waivered Date: 12/14/08

Supervisor Approval [Signature] ☐ N/A Date: 12/23/05

Psychiatrist Approval _____ ☐ N/A Date: _____

Treatment plan changes:

Client Signature (optional) _____ Date: _____

Clinician Signature _____ ☐ LPHA/Waivered Date: _____

Supervisor Approval _____ ☐ N/A Date: _____

Psychiatrist Approval _____ ☐ N/A Date: _____

Clinician's Service Necessity Rating (Please complete only at the indicated timeframe)
☐ 6 months ☐ 1 year ☐ 1.5 years ☐ _____

Please complete the Service Necessity Rating by considering whether the client needs this level of treatment and/or services from this program to maintain community functioning in the following areas:

A. Client is at risk of not having a permanent living arrangement, including being homeless or at risk of becoming homeless. (For children at risk of out of home placement)	<div style="display: flex; justify-content: space-between;"> <div>Low Service Need</div> <div>High Service Need</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 12345 </div>
B. Client has identified need for this level of care to prevent difficulties in education/employment/day/social activities.	<div style="display: flex; justify-content: space-between;"> <div>Low Service Need</div> <div>High Service Need</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 12345 </div>
C. Client will not have the ability to establish and maintain relationships including social support system.	<div style="display: flex; justify-content: space-between;"> <div>Low Service Need</div> <div>High Service Need</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 12345 </div>
D. Client will be unable to maintain physical/mental hygiene including management of his/her medication. (Consider age appropriate).	<div style="display: flex; justify-content: space-between;"> <div>Low Service Need</div> <div>High Service Need</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 12345 </div>
E. Client will exhibit psychotic symptoms, or suicidal ideation/acts or violent ideations or acts to persons or property.	<div style="display: flex; justify-content: space-between;"> <div>Low Service Need</div> <div>High Service Need</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 12345 </div>
F. There is a high risk of recurrence to a level of functional impairment.	<div style="display: flex; justify-content: space-between;"> <div>Low Service Need</div> <div>High Service Need</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 12345 </div>



Clinician's Progress Notes

Client Name: Marvin Nelson
 Birth Date: _____ Admit Date: _____
 Chart No: _____ Reporting Unit: _____
 PSP Client ID No: 20128642

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Date of Service: <u>12/15/05</u>	Face-to-Face Time: <u>:20</u> Total Amount of Time: <u>:30</u>	Location: <u>1</u>	Service Type: <u>381</u>	Problem(s) #(s):
Presenting Problem(s), including the reason for the visit: <u>Client returning to clinic for MD Rx. Client having TX for depression. Rx of wellbutrin and zyprexa given by MD.</u>				
Evaluation, including mental status examination: <u>Client presented to clinic casually dressed, appears still depressed, yet able to get through session without breaking down. Client denies SA, states having trouble sleeping still and zyprexa "too much."</u>				
Current ICD-9 Diagnosis (to fifth digit), Licensed Staff Only: <u>311</u>				
Intervention: <u>Client will see MD to discuss Rx. Client will continue Rx, attend New Training classes (in Bio Tech) 6 wk program. Client will attempt to focus on day to day activities and not overwhelm self with "big picture."</u>				
Response: <u>Client going to school M-F for Bio Tech training. Client attempted to "hold it together." Had time sleeping due to "dark dreams" - Client will try relaxing techniques to help w/sleep. Client states not as edgy/paranoid as before.</u>				
Plan: <u>Client continued on wellbutrin & zyprexa. Zyprexa was reduced to 7.5 mg after Client stated 10 mg "knocking me out." Client will focus on school and day to day activities and try not to overwhelm self with "entire situation." Client attempting to extend unemployment benefit to help financial situation - Client to return in 2 wks.</u>				

Signature with Title

Amt. of Time:		In hours and minutes / Face-to-Face / Staff Time:					
Location:		Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6 Service Type:					
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For AB3632 services the ending digit for each code is a (2) except for No Show



Clinician's Progress Notes

Client Name:

Birth Date:

Admit Date:

Chart No:

Reporting Unit:

PSP Client ID No:

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Date of Service:

Face-to-Face Time:

Location:

Service Type:

Problem(s) #(s):

Total Amount of Time:

Presenting Problem(s), including the reason for the visit:

Evaluation, including mental status examination:

Current ICD-9 Diagnosis (to fifth digit), Licensed Staff only:

Intervention:

Response:

Plan:

Signature with Title

Amt. of Time:

In hours and minutes / Face-to-Face / Staff Time:

Location:

Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6 Service Type:

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For AB3632 services the ending digit for each code is a (2) except for No Show

Alameda County
Department of Behavioral Health Care Services
-Mental Health Division

Client Name: Marian Nelson
 Birthdate: _____ Admit Date: _____
 Chart No.: _____ Reporting Unit: _____
 PSP Client ID No.: _____

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

Date	Amt. of Time	Loc.	Srv. Type	Prob. No.	
7/15/08	1	31			This writer discussed Ct with MD. Ct was as shown for 2 nd time. Ct did not call. MD stated Ct's wife left a message earlier this week asking mp to call wife. wife stated there was something going on, but if Ct answered phone, MD should hang up. MD did not call and was to attempt to call when Ct was at clinic for Flv. This writer stated Ct would be called tomorrow. <u>Grown J, MPA</u>
7/15/08					This writer received a message from Ct's wife. wife called clinic at 5:15 pm stating Ct was very angry for missing Flv appt and would like to reschedule an appt for asap. <u>Grown J, MPA</u>
7/15/08					This writer called Ct, left message for Ct to call clinic. <u>Grown J, MPA</u>
7/15/08	3	571			Ct calling back to reschedule MD appt - Ct stated that 1st MD appt missed because Ct fell <u>asp</u> asleep, 2 nd missed appt due to "something came up" Ct given appt w/ mp 1/26/06 @ 4 ³⁰ pm. <u>Grown J, MPA</u>
7/15/08	3	571			Pharmacy calling stating they cannot read MD's prescription wellbutrin (looks like XR) but Pharmacy stated as well thing. The writer stated it is the same Rx as previous Rxs. Pharmacy checked computer and is filling Rx. <u>Grown J, MPA</u>

Date: _____ Stability Rating []

Amt. of Time: In hours and minutes Location: Office = 1, Field = 2, Telephone = 3, Home = 4, School Satellite = 5, Satellite = 6:
 Service Type:

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Date	Am. of Time	Loc.	Svc. Type	Prob. No.	
2/15/06					<p>It left a message in cell (65) 2/13/06 asking for appt w/ Dr. Hagan. No FLU appt was made for MD last visit, it was left a message w/ appt time 2/16/06 @ 3 PM. It may be referred to JMA thereafter. <i>James J. G., MD</i></p>
2/16/06	1	361			<p>This writer briefed MD on session with Ct. Ct was 1 hour late -> MD FLU appt and had to be rescheduled for MD next week. MD thinks PD may have run it's course w/ Ct and Ct may need to be returned to more appropriate level of care soon. <i>James J. G., MD</i></p>
2/16/06	2	361			<p>Consulted w/ MD. It was again a no show to MD FLU after Ct was late last week and encouraged by this writer to FLU w/ appt. Ct still presenting depressed, currently due to write leaving the home. Ct no longer attending classes. MD suggests possible referral to WLA short stay to stabilize Ct. This writer will call Ct. <i>James J. G., MD</i></p>
2/21/06	3	571			<p>Call to Ct - message left. <i>James J. G., MD</i> Ct called back and thought appt was today - it was scheduled to see MD 2/21/06. It scheduled to see MD today at 4 PM - <i>James J. G., MD</i></p>

Date:

Stability Rating []

SC000017